



SELF-CERTIFICATION ABSENCE FORM

Human Resources

*If you are absent from work through sickness, for one to seven **calendar days**, you will need to complete the self-certification portion of this form below, on your return to work.*

This form will also be used for your Return to Work Interview, with your line manager and or HR Manager. The interview will normally be held within two days of your return to work. On completion the form will be forwarded to HR and held on your personal file.

Your submission of a medical certificate or this sickness self-certification absence form, although giving the College the reason for your absence may not always be regarded by the College as sufficient justification for accepting your absence. Sickness is just one of the reasons for absence and although it is understandable that if you are sick you may need time off, continual or repeated absence through sickness may cause concern for the College.

In deciding whether your absence is acceptable or not the College will take into account the reasons and extent for all your absences, including any absence caused by sickness. The College cannot operate with an excessive level of absence as all absence, for whatever reason, reduces the effectiveness of the service the College provides.

The College will take a very serious view if you take sickness/injury leave which is not genuine, and will result in disciplinary action being taken.

If considered necessary, you may be asked to give your permission for the College to contact your doctor or arrange for you to attend an appointment with Occupational Health.

SECTION 1: For completion on first return to work day

Name	
Job Title	
Department	

Date sickness commenced	
First date of absence from work	
Date of return to work	
Total number of working days absent	
Total number of calendar days absent	

Reason for Absence:

Was absence due to an injury at work or work related accident or illness? **YES / NO**

If yes, has an accident form been completed? **YES / NO**

Was your absence a result of an accident where damages may be claimed from a third party (e.g. road traffic accident?) **YES / NO**

If yes please give details:



Return to Work following an absence

Human Resources

SECTION 2: For completion by Line Manager - Summary of return to work discussion

Summary of sickness absence during the last 12 months

Number of days Number of episodes.....

How was the absence reported?

How are you feeling now that you are back at work?

Is there any reason why you are unable to carry out the full range of your normal duties?

SECTION 3: ACTION REQUIRED

Referral to University Occupational Health: **Yes / No / not applicable**

Consent to obtain report from GP: **Yes / No / not applicable**

Referral to Staff Counselling Service: **Yes / No / not applicable**

Referral to support agencies (e.g. Disability employment etc.): **Yes / No / not applicable**

Temporary alteration to work pattern/duties:

Review period – agreed date: _____

Have you seen a doctor? **YES / NO** Medical certificates attached? **YES / NO**

I declare that I was unfit for work during the period stated above and that the information given is to the best of my knowledge correct. I understand that making a false statement may result in disciplinary action being taken and loss of sick pay. I confirm the interview notes above are an accurate record of the issues discussed.

Employee's signature: _____ **Date:** _____

Manager's signature: _____ **Date:** _____

Data Protection

The College processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. Individual data is disclosed to managers for the purpose of responding appropriately to an individual's overall level of sickness and for the appropriate management of their health and safety at work. Aggregate data is produced to identify trends within college in order to ensure the welfare of employees and to ensure a safe working environment.

This form should now be forwarded to HR